



FROM : JHU/AFB OFFICE OF COUNSEL

FAX NO. : 2402285254

May. 09 2008 09:42AM P1

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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7390

04/30/2008

~~Francis A. Cooch, Office of Patent Counsel~~

The Johns Hopkins University

Applied Physics Laboratory

11100 Johns Hopkins Road

Laurel, MD 20723-6099

05/09/2008 RHEBRAH1 00000057 012218 10501320

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Eileen M. Sorensen

(Depositor's name)

Eileen M. Sorensen

(Signature)

05/09/08

(Date)

01 FC:2501

720.00 DA

02 FC:1004

300.00 DA

02 FC:1004 FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10501320

07/13/2004

Micha A. Carlson

1813-8124

6124

TITLE OF INVENTION: METHOD AND APPARATUS TO DETECT GENUINE OR HOAX CONTAMINANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/30/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROGERS, DAVID A	2856	073-031070

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Francis A. Cooch

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The Johns Hopkins University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Baltimore, MD

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2218 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Francis A. Cooch

Date

May 9, 2008

Typed or printed name

Francis A. Cooch

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